

FILED

08 AUG -5 AM 10:41

U.S. DISTRICT COURT  
NORTHERN DISTRICT OF CALIFORNIA

UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF CALIFORNIA

Benjamin Anderson

Plaintiff,

vs.

James E. Tilton, secretary

Ben Curry, warden

Dr. Khaja  
psychiatrist

Defendant.

Et. Al.

CASE NO. CV-08-3204-MMC(PR)

**PRISONER'S  
APPLICATION TO PROCEED  
IN FORMA PAUPERIS**

I, Benjamin Anderson, declare, under penalty of perjury that I am the plaintiff in the above entitled case and that the information I offer throughout this application is true and correct. I offer this application in support of my request to proceed without being required to prepay the full amount of fees, costs or give security. I state that because of my poverty I am unable to pay the costs of this action or give security, and that I believe that I am entitled to relief.

In support of this application, I provide the following information:

1. Are you presently employed? Yes ☐ No ☒

If your answer is "yes," state both your gross and net salary or wages per month, and give the name and address of your employer:

Gross: none Net: none

Employer: unemployed

If the answer is "no," state the date of last employment and the amount of the gross and net salary

1 and wages per month which you received. (If you are imprisoned, specify the last place of  
2 employment prior to imprisonment.)

3 Los Angeles County Medical Center

4 October, 2003

5 2400 per month

6 2. Have you received, within the past twelve (12) months, any money from any of the following  
7 sources:

8 a. Business, Profession or Yes \_\_\_\_ No X

9 self employment

10 b. Income from stocks, bonds, Yes \_\_\_\_ No X

11 or royalties?

12 c. Rent payments? Yes \_\_\_\_ No X

13 d. Pensions, annuities, or Yes \_\_\_\_ No X

14 life insurance payments?

15 e. Federal or State welfare payments, Yes \_\_\_\_ No X

16 Social Security or other govern-

17 ment source?

18 If the answer is "yes" to any of the above, describe each source of money and state the amount  
19 received from each.

20 NOT APPLICABLE

22 3. Are you married? Yes \_\_\_\_ No \_\_\_\_

23 Spouse's Full Name: NONE

24 Spouse's Place of Employment: NOT APPLICABLE

25 Spouse's Monthly Salary, Wages or Income:

26 Gross \$ NOT APPLICABLE Net \$ NOT APPLIABLE

27 4. a. List amount you contribute to your spouse's support: \$ NONE

28 b. List the persons other than your spouse who are dependent upon you for support

NONE

1 and indicate how much you contribute toward their support. (NOTE: For minor  
2 children, list only their initials and ages. DO NOT INCLUDE THEIR NAMES.).

3 none

4  
5 5. Do you own or are you buying a home? Yes     No X  
6 Estimated Market Value: \$ 0 Amount of Mortgage: \$ 0

7 6. Do you own an automobile? na Yes     No X  
8 Make na Year na Model na

9 Is it financed? Yes     No X If so, Total due: \$ none  
10 Monthly Payment: \$ none

11 7. Do you have a bank account? Yes     No X (Do not include account numbers.)

12 Name(s) and address(es) of bank: not applicable

13  
14 Present balance(s): \$ none

15 Do you own any cash? Yes     No X Amount: \$ none

16 Do you have any other assets? (If "yes," provide a description of each asset and its estimated  
17 market value.) Yes     No X

18  
19 8. What are your monthly expenses? incarcerated inmate

20 Rent: \$ 0 Utilities: 0

21 Food: \$ 0 Clothing: 0

22 Charge Accounts: none

23 Name of Account Monthly Payment Total Owed on This Acct.

24 na \$ 0 \$ 0

25 na \$ 0 \$ 0

26 na \$ 0 \$ 0

27 9. Do you have any other debts? (List current obligations, indicating amounts and to whom  
28 they are payable. Do not include account numbers.) not applicable

1 NOT APPLICABLE

2 \_\_\_\_\_  
3 10. Does the complaint which you are seeking to file raise claims that have been presented in  
4 other lawsuits? Yes \_\_\_\_ No X

5 Please list the case name(s) and number(s) of the prior lawsuit(s), and the name of the court in which  
6 they were filed.

7 NONE

8 \_\_\_\_\_  
9 I consent to prison officials withdrawing from my trust account and paying to the court the  
10 initial partial filing fee and all installment payments required by the court.

11 I declare under the penalty of perjury that the foregoing is true and correct and understand  
12 that a false statement herein may result in the dismissal of my claims.

13  
14 July 22, 2008

15 DATE

Benjamin Ardine

16 SIGNATURE OF APPLICANT  
17  
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**PROOF OF SERVICE BY MAIL  
BY PERSON IN STATE CUSTODY**  
(C.C.P. §§ 1013(A), 2015,5)

I, Benjamin Anderson, declare:  
I am over 18 years of age and I am party to this action. I am a resident of CORRECTIONAL TRAINING FACILITY prison, in the County of Monterrey, State of California. My prison address is:

Benjamin Anderson, CDCR #: K91382  
CORRECTIONAL TRAINING FACILITY  
P.O. BOX 689, CELL #: C-118L  
SOLEDAD, CA 93960-0689.

On July 22, 2008, I served the attached:

Application to proceed informa pauperis, and  
certificate of trust account funds

on the parties herein by placing true and correct copies thereof, enclosed in a sealed envelope (verified by prison staff), with postage thereon fully paid, in the United States Mail in a deposit box so provided at the above-named institution in which I am presently confined. The envelope was addressed as follows:

Clerk of Court  
United States District Court  
Northern District of California  
450 Golden Gate Ave.  
San Francisco, Calif. 94102

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on July 22, 2008.

Benjamin Anderson  
Benjamin Anderson  
Declarant

Case Number: CV-08-3204-MMC (PR)

CERTIFICATE OF FUNDS  
IN  
PRISONER'S ACCOUNT

I certify that attached is a true and correct copy of the  
prisoner's trust account statement showing transactions of  
Anderson, Benjamin for the last six months  
(prisoner name)

at CORRECTIONAL TRAINING FACILITY-SOLEDAD where  
(name of institution)

(s)he is confined.

I further certify that the average deposits each month to this  
prisoner's account for the most recent 6-month period were  
\$ 3.34 and the average balance in the prisoner's account  
each month for the most recent 6-month period was \$ 4.75.

Dated: 7-29-08

Yolanda Chavez  
Authorized officer of the institution  
Acct. 1 Specialist

Correctional Training Facility  
P. O. Box 686  
(5 Miles N of Soledad on US 101)  
Soledad, California 93960  
ATTN: Trust office



THE WITHIN INSTRUMENT IS A CORRECT  
COPY OF THE TRUST ACCOUNT MAINTAINED  
BY THIS OFFICE.

ATTEST: 7/29/08

CALIFORNIA DEPARTMENT OF CORRECTIONS

BY Yolanda Chavez  
TRUST OFFICE Acct. 1 Specialist

REPORT ID: TS3030 .701 REPORT DATE: 07/29/08 PAGE NO: 1

CALIFORNIA DEPARTMENT OF CORRECTIONS  
CTF SOLEDAD/TRUST ACCOUNTING  
INMATE TRUST ACCOUNTING SYSTEM  
INMATE TRUST ACCOUNT STATEMENT

FOR THE PERIOD: FEB. 28, 2008 THRU JUL. 29, 2008

ACCOUNT NUMBER : K91382  
ACCOUNT NAME : ANDERSON, BENJAMIN  
PRIVILEGE GROUP: B  
BED/CELL NUMBER: CFCWT1000000118L  
ACCOUNT TYPE: I

TRUST ACCOUNT ACTIVITY

DATE	DESCRIPTION	COMMENT	CHECK NUM	DEPOSITS	WITHDRAWALS	BALANCE
02/28/2008	BEGINNING BALANCE					0.00
05/07 D300	CASH DEPOSIT	3672 0301	20.00			20.00
06/17 W514	VISION CARE C 4233 OPTIC			18.86		1.14

CURRENT HOLDS IN EFFECT

DATE PLACED	HOLD CODE	DESCRIPTION	COMMENT	HOLD AMOUNT
05/07/2008	H107	POSTAGE HOLD	3683 POST	1.14
07/22/2008	H118	LEGAL COPIES HOLD	0295 LCOPY	1.86
07/24/2008	H118	LEGAL COPIES HOLD	0334 LCOPY	1.86
07/24/2008	H118	LEGAL COPIES HOLD	0334 LCOPY	3.00
07/24/2008	H118	LEGAL COPIES HOLD	0334 LCOPY	0.60

TRUST ACCOUNT SUMMARY

BEGINNING BALANCE	TOTAL DEPOSITS	TOTAL WITHDRAWALS	CURRENT BALANCE	HOLDS BALANCE	TRANSACTIONS TO BE POSTED
0.00	20.00	18.86	1.14	8.46	0.00

CURRENT AVAILABLE BALANCE  
7.32-

Correctional Training Facility  
P. O. Box 686  
(5 Miles N of Soledad on US 101)  
Soledad, California 93960  
ATTN: Trust Office



THE WITHIN INSTRUMENT IS A CORRECT COPY OF THE TRUST ACCOUNT MAINTAINED BY THIS OFFICE.  
ATTEST: 7/29/08  
CALIFORNIA DEPARTMENT OF CORRECTIONS  
BY *Valerie Cheng*  
TRUST OFFICE *Act. / Spaid*

Anderson K91382  
CTF, C-118L  
P.O.Box 689  
Soledad, Ca. 93960

2

Legal Mail

**BUSINESS REPLY MAIL**

FIRST-CLASS MAIL PERMIT NO. 12615 WASHINGTON DC

POSTAGE WILL BE PAID BY UNITED STATES COURTS

US DISTRICT COURT  
450 GOLDEN GATE AVE  
PO BOX 36060  
SAN FRANCISCO CA 94102-9680

SAN JOSE CA 95  
31 JUL 2008 PM 5 L

NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES

